

STATEMENT OF
William F. Feeley, MSW, FACHE
DEPUTY UNDER SECRETARY FOR HEALTH FOR OPERATIONS AND
MANAGEMENT
DEPARTMENT OF VETERANS AFFAIRS
BEFORE THE
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATION
HOUSE COMMITTEE ON VETERANS' AFFAIRS
MARCH 8, 2007

Good afternoon Mr. Chairman and Members of the Committee.

Thank you for this opportunity to discuss ongoing efforts in the Veterans Health Administration (VHA) to improve the quality of care we provide to veterans returning from Operation Iraqi Freedom and Operation Enduring Freedom. VHA is committed to providing comprehensive, quality primary and specialty care to all enrollees with an emphasis on meeting the specialized needs of OEF/OIF veterans. As Secretary Nicholson said on Wednesday, we must ensure that our heroes receive the best possible care and services. The VHA stands ready to do everything we can to provide top-quality health care to all returning OEF and OIF veterans. My comments will focus on the operational or facility based aspect of our efforts.

Access to Care

Recent publications have acknowledged that VA provides veterans with the best health care anywhere. Ensuring veterans have timely access to that quality VA care is equally important.

VHA monitors how long veterans must wait for appointments, including the time it takes for an OEF/OIF veteran to be seen. The waiting times are reported every two weeks and are a highly visible item for senior officials. Waiting times are a key performance element in Network and Facility Directors' performance plans.

VHA has employed System Improvement Strategies in recent years to reduce clinic wait times and help us ensure that our clinic processes are as efficient as possible.

Some examples of these innovations are as follows:

- Group Health Counseling in the dietetic area for diabetic and congestive heart failure;
- Extended hours in clinics, including Saturday clinics; and
- Normal Lab and x-ray reporting via phone rather than requiring the patient to make a return visit to the medical center.

Polytrauma Centers

In order to meet the needs of our most severely injured veterans, VA has created a Polytrauma System of Care which involves a tiered approach to providing care for seriously injured veterans returning from operations in Iraq and Afghanistan.

There are four tiers of acuity in the polytrauma system of care in VHA. Level I consists of four centers that provide acute comprehensive medical and rehabilitation care for complex and severe polytraumatic injuries. They maintain a full staff of dedicated rehabilitation professionals and consultants from other specialties related to polytrauma. The centers serve as resources for other VA facilities and are active in the development of educational programs and best practice models of care.

These four level one centers are located in:

- Tampa, FL
- Richmond, VA
- Minneapolis, MN
- and Palo Alto, CA

Each Level I center has social work case managers at a ratio of one for every six patients. These case managers assess the psychosocial needs of each patient and family, match treatment and support services to meet identified needs, coordinate services, and oversee the discharge planning process. The social work case managers associated with the center ensure that the combat wounded and their families receive intensive clinical and psychosocial case management and coordination of the veterans life-long care needs.

The Level I centers offer a therapeutic environment that reflects the preferences and needs of the combat injured. Resources have been assembled nationally and locally to meet the special needs of families who accompany the seriously injured service members to the center. Such resources include lodging at Fisher Houses or hotel accommodations where a Fisher House is not yet available, transportation, telephone cards, and gift certificates for meals and entertainment.

Patient improvement is assessed using a standardized instrument that measures functional improvement from admission to discharge.

VHA also recognizes the severely injured may require extensive rehabilitative therapy to successfully integrate back into the community. To that end, the Department will develop four Residential Transitional Rehabilitation Programs co-located with the Level I Polytrauma Rehabilitation Centers. The activation date for these four new Residential Transitional Rehabilitation programs is July 2007. A transitional rehabilitation program is time limited and goal oriented to improve the patient's physical, cognitive, communicative, behavioral, psychological and social functioning under the necessary support and supervision. The goal of these programs is to return these patients to the least restrictive environment including, return to active duty, work and school or independent living in the community.

Level II sites provide services for veterans who do not require the intensity of care provided in Level I centers. These sites are responsible for coordinating life-long

rehabilitation services for patients within their network. Level II sites provide a high level of expert care, a full range of clinical and ancillary services, and serve as resources for other facilities within their Network. They provide continued management of patients referred from the Level I Polytrauma sites and evaluate patients referred directly to the Level II sites. Services include proactive case management as well as patient family support and education. They also consult, whenever necessary, with the level I sites through the use of telerehabilitation technologies.

Level III sites have teams of providers with rehabilitation expertise to deliver follow up services in consultation with regional and network specialists. Level III support teams treat patients with a stable treatment plan, provide regular follow-up visits, and respond to new problems that may emerge. They regularly consult with level I and II sites.

Level IV sites have at least one person identified to serve as a central referral point for consultation, assessment and referral of polytrauma patients to a facility capable of providing the level of services required. They work closely with level I and level II centers.

This extensive Polytrauma network was created to adapt VHA's existing health care system to provide care for the severely wounded and meet their complex rehabilitative needs. Each Network has a Level I or Level II center. VHA will continue to assess its Polytrauma services and adapt its approach to care for those brave men and women returning from combat.

This concludes my statement. I will be happy to answer any questions you may have.